DHS COVID-19 QUARANTINE AND ISOLATION (QI) MEDICAL SHELTERS POLICY AND PROCEDURE

Subject: **Harm Reduction – Cannabis**	Original Issue Date: N/A	Policy 19
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Departments Consulted:	Reviewed & Approved by:
Vagabond QI Clinical QI Medical Shelter Director	Housing for Health Medical Director QI Medical Shelter Medical Director

PURPOSE: The Los Angeles County Department of Health Services (DHS) Quarantine and Isolation (QI) Medical Shelters recognize the impact of COVID-19 on individuals' overall health. Specifically, with respect to harm reduction, we aim to integrate the fundamentals of harm reduction while caring for those at risk of early exit or complications from other substance use or at-risk behaviors when they are ordered to quarantine or self-isolate due to COVID-19 at County designated facilities. It is the intent of this policy to 1) outline the management of Cannabis for people in quarantine or self-isolation to keep guests at or near baseline consumption and avoid an early exit or emergency room visit due to opiate withdrawal or other substance use or characterological complications and 2) ensure all staff are familiar with Harm Reduction principles and practices and understand how to apply them in the care of clients while at the QI Medical Shelters.

POLICY: All staff must understand and apply the concepts of Harm Reduction as specified in the Housing for Health Harm Reduction Position Statement (Appendix A) while caring for clients in QI Medical Shelter with the understanding that any person who reduces or discontinues Cannabis consumption after chronic use is at risk behavioral complications.

SCOPE:

I. Applies to all County employees and contracted management, clinical and non-clinical staff involved with management of supplies, client assessments, or delivery of materials to individuals in quarantine status
II. Applies to individuals or clients who are in quarantine who plan on continuing the consumption of Cannabis throughout any part of their duration in quarantine or self-isolation

PROCEDURE:

I. SCREENING

Medical intake will include a substance use/consumption assessment to identify persons at risk of negative psychological impacts or behavioral changes due to Cannabis cessation as well as assess if they are currently using other substances or in a substance use disorder treatment program (e.g., outpatient program, sober living environment, etc.)

a. Medical intake will include a cannabis consumption assessment to identify persons at risk of adverse effects due to cannabis consumption, assess risk of cannabis withdrawal, assess if they are currently in a substance use disorder treatment program (e.g., outpatient program, sober living environment, etc.), and assess their willingness to undergo medically assisted treatment protocol while at the medical shelter.
b. Questions to ask client upon intake:
    i. Questions to ask client upon intake:

ii. Do you currently use alcohol, marijuana or other substances?
iii. If so, what kind (e.g., joint, vape or edibles), how much (e.g., # joints, # edibles, dosage of edibles) and how often (e.g. once per day, several times per day, all day)? If vape, how many days does a 1g vape cartridge typically last?
iv. If using Alcohol, see Harm Reduction for Alcohol Use P&P
v. If using Opiates, see Harm Reduction for Opiate Use P&P
vi. If using Stimulants, see Harm Reduction for Stimulant Use P&P
vii. For Cannabis, what happens when you do not smoke marijuana? Do you use marijuana to self-medicate for anxiety or other psychological concerns?
viii. Are you currently in a residential or outpatient treatment program for substance use? Name and contact of program?
    1. If patient is not in a program but is open to cessation, resources and on-site support will be made available before offering MAT or other harm reduction supplies.
    2. Provider deems Cannabis cessation while in QI Medical Shelter poses a risk of adverse medical or psychological affects and Client declines alternative supportive measures, Provider will order appropriate Cannabis allotment (and indicate client's current SUD treatment program status if applicable).

II. CANNABIS DISPENSING GUIDELINES:

a. General serving provisions:
    i. Cannabis products will be provided to guests 21 and over and to those who are 18 and over when they have a valid pre-existing prescription. Age restrictions may be waived on a case-by-case basis with MAT Team consultation.
    ii. Cannabis products dispensed at QIMS are for consumption at the QI facility only.
    iii. For clients using stock Cannabis products, Medical Staff shall deliver the product(s) directly to the end user/guest.
    iv. For clients using their own Cannabis products, Medical Staff will store the product(s) and deliver them directly to the end user/guest per Provider orders unless client has approval from Provider to manage and self-administer their own supply.
    v. Cannabis products will be made available according to Provider orders only.
    vi. When Cannabis orders are discontinued or altered, Provider must document reason for change.
    vii. Medical Staff must document all dispensed Cannabis in the client's chart's Medication Administration Record by end of shift.
b. Considerations for guests enrolled in or referred by a substance use disorder program:
    i. To the extent possible, provide a supportive environment to help maintain a guest's recovery or sobriety during quarantine
    ii. Provide supportive measures and offer to link guests to their counselor or program for additional support

iii. Provide Cannabis per this protocol when other supportive measures are not feasible or available
iv. Do not withhold Cannabis for the sole reason a client is actively engaged in a SUD program

c. Serving quantity and frequency

i. Use the following tables for suggested quantity and frequency of Cannabis that may be distributed to a guest based on their self-reported Cannabis use during intake.

Inhalable (Joint or Vape) – adjust as needed to individual usage patterns

		Quantity Reported				
Frequency Reported		**Small Amount of Joint**	**Part of a Joint***	**Whole Joint***	**Vape** Lightly**	**Vape** Heavily**
	1x per day	1 joint / 3 days	1 joint / 2 days	1 joint / day	1 vape / 2 weeks	1 vape / 3 days
	2-3x per day	1 joint / 2 days	1 joint / day	2 joints / day	1 vape / week	1 vape / 2 days
	All day	A joint / day	2 joints / day	4 joints / day	1 vape / 2-3 days	1 vape / day

*1 joint = approximately 175mg
** 1 vape = 1 g

Edibles – adjust as needed to individual usage

		Quantity Reported			
Frequency Reported		**Unsure of Dose**	**Low Dosage**	**Medium Dosage**	**High Dose***
	1x per day	5 mg / day	10 mg / day	30 mg / day	60+ mg / day
	2-3x per day	10 mg / day	20-30 mg / day	60-90 mg / day	120-180+ mg / day
	All day		30+ mg / day	90+ mg / day	180+ mg/day

*Some people use 500-1000+ mg per dose

III. MONITORING

a. Clients using Cannabis may require more frequent wellness checks
b. Clients actively engaged in a substance use disorder program may require more frequent wellness checks
c. Managing difficult situations:
d. Consult RN and/or Provider if guest appears altered or presents with behavioral concern at any time
e. RN shall consult a Provider for any guest with symptoms that may require additional medical or pharmacological support

IV. CANNABIS SUPPLY MANAGEMENT

a. All Cannabis products intended for consumption shall be stored behind a locked door
b. Stock is managed by Medical Staff
c. Stock will include pre-rolled joints, Cannabis vape pens and edibles
d. County will provide authorized Cannabis products in limited amounts according to individual needs. Clients wishing to consume their own Cannabis may do so in lieu of stock with permission of the Provider or DMH Clinician however this is strongly discouraged.

V. DOCUMENTATION

a. Provider shall prescribe Cannabis or other appropriate harm reduction measure
b. Nursing staff shall transcribe orders in MAR

VI. PRIVACY

a. Information about an individual guest request(s) for Cannabis or Cannabis consumption, or behaviors thereof, shall be treated with the same level of integrity as patient health information

VII. QUARANTINE EXIT

a. All precautions shall be taken to avoid dangerous activities for persons consuming Cannabis on day of exit (e.g., driving, riding a bicycle)
b. Staff cannot provide additional Cannabis products to persons "to go" upon exiting quarantine for any reason

REFERENCE:

- DHS-Central Los Angeles Quarantine/Isolation Site Cannabis Administration – Simple Dosage Guidelines Version 1, Los Angeles County Department of Health Services

Appendix A
Housing for Health Policy Statement Regarding Harm Reduction in Quarantine and Isolation (QI) Medical Shelters During the COVID-19 Pandemic
Los Angeles County Department of Health Services (DHS)

The purpose of this statement is to ensure that all staff are familiar with Harm Reduction principles and practices and understand how to apply them in the care of clients at a QI Medical Shelter. It is intended to accompany the Policy and Procedures specific to Harm Reduction.

Definition:
Harm Reduction strategies aim to reduce the harms associated with certain behaviors such as smoking, substance use, sex, treatment non-adherence, domestic violence, or other behaviors related to mental health or characterological disorders.

The practice of Harm Reduction has evolved over time: It was originally defined in the 1980s, as an alternative to abstinence-only focused interventions for adults with Substance Use Disorder (SUD). It was observed that many people who used substances were not ready to stop. They could, however, be counseled and supported in using in less harmful ways. For example, a heroin injection drug user might be given clean needles in exchange for dirty ones to reduce his risk of acquiring or spreading HIV or Hepatitis C. He might also be introduced to less risky opioids like Methadone or Suboxone as alternatives to heroin thereby reducing risk of overdose and/or death.

Beyond substance use, Harm Reduction principles are now widely applied in the delivery of trauma-informed, patient-centered care of individuals who engage in a variety of behaviors that may pose risk to themselves or others. For example, a commercial sex worker may not be able to insist on condom use from her clients. She might, however, be prescribed Pre-exposure Prophylaxis (PREP) medication to prevent HIV infection. She might also be taught how to minimize the risk of violence by only working in safe physical environments or her choice of voicing a “safe word” to indicate she is feeling threatened or unsafe.
The basic tenets of Harm Reduction revolve around the following:

- All people engage in some level of risky behavior. Most people have difficulty stopping a risky behavior all together.
- All people can be supported to make decisions to minimize harm to themselves or others if they persist in risky behaviors.
- It is important to “meet people where they are at” and work with them over time to move them along the Harm Reduction spectrum.
- For example, a person with alcohol use disorder and cirrhosis may not want to stop drinking but they might be willing to
- have one drink less a day
- intersperse a regular beer with a non-alcoholic beer
- take Lactulose every day
- not drive if they have a bus pass OR

- start Naltrexone, a medication that causes people to drink less
- Any positive step in reducing harm is considered a success.
- Evidence shows that over time, with successive adoption of Harm Reduction practices, people can achieve improved safety and health. Abstinence from the harmful behavior, although desirable, is not the goal.
- It is never okay to stand in judgement of someone you are trying to help; check your prejudices at the door and remember that you are there to help the person be the healthiest person they choose to be at that time.
- Just because you are supporting them where they are at, it does not mean you "condone" their behavior. Instead, it means you accept that it exists and work with that person over time to change the behavior and reduce the harm it may be causing to them or others.

Application of Harm Reduction Principles/Practices at the QI Medical Shelters:
Many of the clients served in the DHS QI Medical Shelters have had traumatic lives and/or have behavioral health conditions that complicate their lives and decision-making. A trauma-informed, client-centered approach to their care is critical, as is application of Harm Reduction principles and practices while determining goals of care, delivering care, and managing client crises.
It is also important to consider the QI Medical Shelter stay as a point in time in the life of our clients. Clients referred to QI Medical Shelter from encampments may be in a safe and healthful environment for two weeks but, after discharge from QI Medical Shelter, may return to their lives in the streets. Any opportunity that QI Medical Shelter staff has to impart hope and solidarity, do motivational interviewing, teach Harm Reduction skills/concepts, and move people along the Harm Reduction spectrum has potential long-lasting implications and should not be underestimated. How we respect and treat people while they are with us may impact how they receive help and accompaniment in the future. Within the DHS QI Medical Shelter, the practice of Harm Reduction is most relevant to the care of clients with active substance use disorder, severe persistent mental illness (SPMI), and treatment adherence.

SUD
Clients who are actively using substances are welcome at DHS QI Medical Shelters. On admission, clients' belongings are searched for drugs and drug paraphernalia. As permissible by law, those substances are removed and kept in a secured location to be returned to the client on discharge. During the intake process, the admitting provider should assess the extent of the substance use as well as the risk for withdrawal and other adverse events should they not have access to their substance(s) of choice. Clients should be offered substance use counseling, Harm Reduction counseling, Harm Reduction skills-building, medications/supportive care to manage withdrawal symptoms, and medications for addiction treatment (MAT). Clients at risk for drug overdose should be given a box of Narcan nasal spray and instructed on its appropriate use. Although substance use is not condoned at the QI Medical Shelter, if clients are found to be using, they will not be discharged from the site. Rather, more intensive counseling and monitoring will be provided, and clients will be supported to maximize the practice of Harm Reduction while on site. If clients' ongoing substance use poses significant risk to other QI Medical Shelter staff or other program participants and that risk

cannot be mitigated, they will be discharged from the QI Medical Shelter and transferred to other locations, including drug treatment centers that accept clients in COVID quarantine/isolation.

Please refer to separate Policy/Procedure documents regarding care of clients with Alcohol Use Disorder (AUD), Opiate Use Disorder (OUD), Stimulant Use Disorder, as well as Cannabis and Nicotine use.

Serious and Persistent Mental Illness (SPMI)
Clients with SPMI are welcome at DHS QI Medical Shelter. On admission, clients' belongings are searched for drugs and drug paraphernalia as well as any items that might be used as a weapon. As permissible by law, those items are removed and kept in a secured location to be returned to the client on discharge. During the intake process, the admitting provider should assess the extent of the mental health disorder and assess the risk for harm to self or others. Clients should be offered mental health counseling, Harm Reduction counseling, Harm Reduction skills-building, medications/supportive care to manage mental health symptoms, and medications for treatment of SPMI. Clients with active SPMI symptoms should be closely monitored and preventive measures put into place to minimize escalation. Trauma-informed de-escalation practices should be employed in the event of a mental health crisis (see Policy/Procedure for Crisis Management.) If clients' mental health symptoms pose significant risk to other QI Medical Shelter staff or clients and that risk cannot be mitigated, they will be discharged from the QI Medical Shelter and transferred to another locations, such as a psychiatric emergency room.

TREATMENT ADHERENCE
Clients at a QI Medical Shelter may decline treatment of certain medical or behavioral health conditions. For example, a client with very high blood pressure may decline to take a prescribed antihypertensive. If the client is clinically stable and not exhibiting signs or symptoms of hypertensive urgency, the client should be counseled on the risks/benefits of the antihypertensive medication and the receipt of counseling and client's response should be documented in the chart. Only if the client is exhibiting signs or symptoms of hypertensive urgency should 911 be called. Even after the EMT's arrival, the client can still refuse to be taken to the hospital--in which case the client should sign an "Against Medical Advice" form provided by the EMTs. The completed AMA should then be entered into the QI Medical Shelter medical chart (See Policy and Procedure for AMA cessation of care.) Staff should attempt to understand the client's explanatory model for his illness and provide education and counseling to support the client to make the best decision for himself at the time. Clients should not be discharged from the facility for "nonadherence" unless this poses an immediate safety risk for other clients, staff or the community at large.